



State of New Hampshire 2014 ANNUAL REPORT

The following information shall be given as of January 1
preceeding the due date Pursuant to RSA 293-A:16.22.

REPORT DUE BY April 1, 2014

ANNUAL REPORTS RECEIVED AFTER THE DUE DATE
WILL BE ASSESSED A LATE FEE.

Filed

Date Filed: 02/19/2014

Business ID: 694944

William M. Gardner

Secretary of State

PROW INTERNATIONAL MANAGEMENT CONSULTING INC.

15 STAYSAIL WAY

PORTSMOUTH, NH 03801

ENTITY TYPE: CORPORATION

BUSINESS ID: 694944

STATE OF DOMICILE: NEW HAMPSHIRE

INFORMATION TECHNOLOGY SERVICES

ADDRESS OF PRINCIPAL OFFICE:

15 STAYSAIL WAY

PORTSMOUTH, NH 03801

REGISTERED AGENT AND OFFICE:

BUSINESS FILINGS INCORPORATED

9 CAPITOL STREET

CONCORD, NH 03301

If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information.

☐

The new mailing address

☐

The new principal office address

PO Box is acceptable.

OFFICERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

(MUST LIST AT LEAST ONE OFFICER BELOW)

PRES. Marco Enrico Zanchi

STREET 15 Staysail Way

CITY/STATE/ZIP Portsmouth NH 30801

TREAS. Marco Enrico Zanchi

STREET 15 Staysail Way

CITY/STATE/ZIP Portsmouth NH 30801

SEC'Y. Marco Enrico Zanchi

STREET 15 Staysail Way

CITY/STATE/ZIP Portsmouth NH 30801

NAME

STREET

CITY/STATE/ZIP

NAMES AND ADDRESSES OF ADDITIONAL OFFICERS AND DIRECTORS ARE ATTACHED

BOARD OF DIRECTORS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

(MUST LIST AT LEAST ONE DIRECTOR BELOW)

DIR. Marco Enrico Zanchi

STREET 15 Staysail Way

CITY/STATE/ZIP Portsmouth NH 30801

NAME

STREET

CITY/STATE/ZIP

NAME

STREET

CITY/STATE/ZIP

NAME

STREET

CITY/STATE/ZIP

To be signed by an officer, director, or any other person authorized by the board of directors.

I, the undersigned, do hereby certify that the statements on this report are true to the best of my information, knowledge and belief.

Sign here:

Marco Enrico Zanchi

Please print name and title of signer:

Marco Enrico Zanchi

/

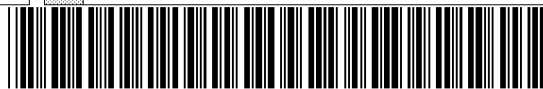
PRESIDENT

NAME

TITLE

FEE DUE: \$100.00

E-MAIL ADDRESS (OPTIONAL):



069494420141004

WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A
PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE
REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED

MAKE CHECK PAYABLE TO SECRETARY OF STATE

RETURN COMPLETED REPORT AND PAYMENT TO:

New Hampshire Department of State, Annual Reports, 107 N. Main St., Room 204, Concord, NH 03301